



IFW

July 31, 2008

U.S. Patent and Trademark Office  
Commissioner of Patent and Trademarks  
P.O. Box 1450  
Alexandria, VA22313-1450

Dear Commissioner of Patent and Trademarks:

I am requesting Standing. My husbands name was Joseph J. Spranza III.

Joe had several patent and patent applications. The specific issue I am presently working on is application # 10/697,444. I believe this is a Continuation in Part to patent # 9.697.463. The Continuation in Part is referred to as Safe Trochar with Guide for Placement of Surgical Drains.

These application needs to be revived and I understand that I need standing in order to do this.

I have enclosed the Court Order signed and given to me by the federal Judge and in this instance referred to as Saf-Trochar, also, a copy of Joe's Death Certificate.

If you need any additional information please advise me as soon as possible, as I am working on the revival paperwork as we write.

Thank you,

  
Susan Spranza

12493 Old Rough and Ready Hwy  
Grass Valley, California 95945

Phone 916/300-1320  
Or Phone 530/273-1987

Enclosed 3pages

April 01, 2008

CLERK, U.S. BANKRUPTCY COURT

EASTERN DISTRICT OF CALIFORNIA

0001147089

2

1 Michael F. Burkart, Chapter 7 Trustee  
 2 5150 Fair Oaks Blvd., #101-185  
 3 Carmichael, CA 95608  
 Tel: (916) 485-0412  
 E-mail: [burkart@cwo.com](mailto:burkart@cwo.com)

5 **UNITED STATES BANKRUPTCY COURT**  
 6 **EASTERN DISTRICT OF CALIFORNIA**  
 7 **SACRAMENTO DIVISION**

10 In re:  
 11 **JOSEPH J. SPRANZA,**  
 12 Debtor.

Case No. 04-25484-A-7  
 DCN: MFB - 6  
 DATE: March 31, 2008  
 TIME: 9:00 A.M.  
 DEPT: A  
 COURTROOM: 28 (7<sup>th</sup> Floor)

15 **ORDER ON TRUSTEE'S MOTION TO APPROVE A DISTRIBUTION IN KIND  
 TO THE SOLE REMAINING CREDITOR**

16 The Motion of Michael F. Burkart, being the duly appointed Chapter 7 Trustee (the "Trustee")  
 17 in the above-captioned case of Joseph J. Spranza (the "Debtor"), requesting an order authorizing the  
 18 distribution in kind concerning the personal property held under the Bankruptcy Estate, was heard  
 19 pursuant to this Court's regular Law and Motion calendar on March 31, 2008. The Trustee appeared  
 20 on his own behalf at the hearing. Other appearances were noted on the record.

21 There was no opposition filed nor argued at the hearing with regard to the Trustee's Motion  
 22 requesting an authorization of the distribution in kind of the remaining Personal Property.

23 The Court, having duly considered the Trustee's Motion and the Court's file herein, and good  
 cause appearing therefor, ordered as follows:

24 **IT IS HEREBY ORDERED THAT:**

25 A. The Trustee's Motion for an order authorizing the distribution in kind concerning the  
 26 remaining Personal Property held under the Bankruptcy Estate is granted.

RECEIVED

April 01, 2008

CLERK, U.S. BANKRUPTCY COURT  
EASTERN DISTRICT OF CALIFORNIA

Page 1

1           B. The Trustee is authorized to distribute the remaining Personal Property of the Estate to  
2 Susan Spranza as provided under Proof of Claim No. 8, filed on January 24, 2008.

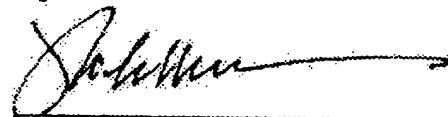
3           C. Immediately upon entry of this order, the following described Personal Property of the  
4 Estate shall be distributed in kind to Susan Spranza:

- 5           • Stock ownership in Special Devices, Inc.(SDI)
- 6           • Special Devices owes past due wages
- 7           • Special Devices owes personal loans
- 8           • Misc. Patents:
  - 9            a) Personal patent (promised to be assigned to SDI) – Flexi
  - 10           b) Shared patent (promised to be assigned to SDI) – AFRS, TOB
  - 11           c) Co-owned (licensed to SDI) - Safe Trochar
  - 12           d) 3<sup>rd</sup> party ownership (licensed to SDI) - Bone Biopsy
  - 13           e) Patent application (to be assigned to SDI) – Trepbine
- 14           • 1980 Rolls Royce Camargue
- 15           • Moto Guzzi motorcycle
- 16           • 1957 Alfa Romeo Spider
- 17           • 1980 Maserati Quattro Porte
- 18           • 1991 Chrysler TC
- 19           • Misc. equipment used exclusively by SDI

20           D. The Trustee is authorized to execute any and all documents necessary to complete the  
21 distribution of the remaining Personal Property of the Estate.

22           Dated: 01 April, 2008

23           By the Court



24           Michael S. McManus, Chief Judge  
25           United States Bankruptcy Court

## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## COUNTY OF PLACER

Auburn, California 95603

## CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
038 BLACK INK ONLY / NO ERASURES, WHITOUTS OR ALTERATIONS  
(15-1997-1997)

3200731001533

STATE FILE NUMBER		3. LAST NAME		LOCAL REGISTRATION NUMBER					
1. NAME OF DECEASED — FIRST (Given) JOSEPH		2. MIDDLE JOHN		3. LAST NAME SPRANZA III					
4. DATE OF BIRTH <small>mm/yyyy</small> 05/28/1938		5. AGE YRS 69		6. UNDER ONE YEAR Months Days Hours Minutes		7. SEX M			
8. BIRTH STATE/FOREIGN COUNTRY NJ		10. SOCIAL SECURITY NUMBER 456-58-1181		11. EVER IN U.S. ARMED FORCES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARRITAL STATUS (at Time of Death) MARRIED		13. DATE OF DEATH <small>mm/yyyy</small> 07/09/2007	
14. EDUCATION — Higher Level Degree DOCTORATE		14.1 WAS DECEASED HISPANIC/LATIN/ASIAN/PACIFIC? (If yes, see question on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14.2 DECEASED'S RACE — Up to 3 races may be listed (see worksheet on back) WHITE		14.3 HOUR (24 Hours) 0115			
15. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED DEVELOPER		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MEDICAL INSTRUMENTS		17. YEARS IN OCCUPATION 45					
18. DECEASED'S RESIDENCE (Street and number or location) 12493 OLD ROUGH AND READY HIGHWAY									
21. CITY GRASS VALLEY		22. COUNTY/PROVINCE NEVADA		23. ZIP CODE 95945		24. YEARS IN COUNTY 19		25. STATE/FOREIGN COUNTRY CALIFORNIA	
26. INFORMANT'S NAME, RELATIONSHIP SUSAN SPRANZA, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number of residence, city or town, state, zip) 12493 QLD ROUGH & READY HWY, GRASS VALLEY, CA 95945							
28. NAME OF SURVIVING SPOUSE — FIRST SUSAN		29. MIDDLE MARGARET		30. LAST (Middle Name) ILLGEN		31. BIRTH STATE NJ			
31. NAME OF FATHER — FIRST JOSEPH		32. MIDDLE JOHN		33. LAST SPRANZA JR		34. BIRTH STATE NJ			
35. NAME OF MOTHER — FIRST ELIZABETH		36. MIDDLE		37. LAST (Middle) DROST		38. BIRTH STATE NJ			
39. DISPOSITION DATE <small>mm/yyyy</small> 07/15/2007		40. PLACE OF FINAL DISPOSITION UCSF WILLED BODY PROGRAM 513 PARNASSUS, SAN FRANCISCO, CA 94143-0802		41. SIGNATURE OF EMBALMER NOT EMBALMED				42. LICENSE NUMBER	
43. TYPE OF DISPOSITION(S) SU		44. NAME OF FUNERAL ESTABLISHMENT UCSF WILLED BODY PROGRAM		45. LICENSE NUMBER NONE		46. SIGNATURE OF LOCAL REGISTRAR RICHARD J. BURTON, MD		47. DATE <small>mm/yyyy</small> 07/12/2007	
48. PLACE OF DEATH SUTTER AUBURN FAITH HOSPITAL		49. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 11815 EDUCATION ST		50. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> DOA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospital & Nursing Home <input type="checkbox"/> Other		51. CITY AUBURN			
52. COUNTY PLACER		53. DEATH REPORTED TO CORONER WEEK		54. DEATH REPORTED TO CORONER WEEK					
55. CAUSE OF DEATH Enter the cause of death — disease, injury, or complication — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without preceding the coding. DO NOT abbreviate. IMMEDIATE CAUSE <input checked="" type="checkbox"/> METASTATIC CANCER OF UNKNOWN PRIMARY Final disease or condition preceding the death Responsibility, if any, for death Contributing factor or cause of death OR Line A. Enter UNDERLYING CAUSE (disease or condition preceding the death in death last)		56. DEATH REPORTED TO CORONER WEEK		57. DEATH REPORTED TO CORONER WEEK					
58. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 55 RENAL FAILURE, LIVER FAILURE		59. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		60. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
61. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 55 OR 56? CT LIVER BIOPSY 06/15/2007		62. USED IN DETERMINED CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		63. IF FEMALE, PREGNANT AT LAST REPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
64. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Admitted Since 06/24/2007		65. SIGNATURE AND TITLE OF CERTIFIER LARS JAKOB JAKOBSEN M.D.		66. LICENSE NUMBER G77316		67. DATE <small>mm/yyyy</small> 07/12/2007			
68. I CERTIFY THAT MY DECEASED DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		69. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE 3111 PROFESSIONAL DRIVE, AUBURN, CA 95603		70. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		71. INJURY DATE <small>mm/yyyy</small>			
72. PLACE OF INJURY (e.g., Home, construction site, wooded area, etc.)		73. SIGNATURE OF CORONER / DEPUTY CORONER		74. DATE <small>mm/yyyy</small>		75. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
PHYSICIAN'S CERTIFICATION	A	B	C	D	E	76. FAX AUTH # 01200700543545		CENSUS TRACT	
77. CORONER'S USE ONLY		78. SIGNATURE OF CORONER / DEPUTY CORONER		79. DATE <small>mm/yyyy</small>		80. FAX AUTH #		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF PLACER

} SS DATE ISSUED

07/24/2007

This is a true and exact reproduction of the document officially registered and placed  
on file in the office of the Placer County Health and Human Services Department.This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.  
PENCO B11100

\*000236391\*

Richard J. Burton, M.D.  
HEALTH OFFICER AND LOCAL REGISTRAR